

EXHIBIT
A.

STATE OF ALABAMA

ST. CLAIR COUNTYAFFIDAVIT

Before me, the undersigned Notary Public, personally appeared ZAVIUS AVERETTE, who being known to me, and after first being duly sworn, deposes and says as follows:

My name is ZAVIUS AVERETTE, and I am 27 years of age and competent to testify.

On the 8/15/04, Plaintiff was physically assaulted by St. Clair in the shift office. Mr. Latimore, C.O., during the brutal beating stated only for the St. to not hit plaintiff upside the head. Upon plaintiff arrival at the infirmary, plaintiff was only treated for his busted left elbow, but denied treatment to his right arm and legs which was swelling and bruised. Nurse Mary Adair and Brenda Boardman fail to provide plaintiff with proper medical care according to D.O.C. policy of station correction facility. Adair failing to provide the correct information to the doctor about a real it was part of a cover up for the St.

Zavius Averette 217905.
Signature of Affiant

Acknowledgement

State of Alabama
ST. CLAIR County

Signed before me in person, a Notary Public, on this 19th day of OCT., 2006

[Signature]
Notary Public

8-17-09
Commission Expires

Exhibit
B.

EMERGENCY

ADMISSION DATE 08/15/04		TIME 11:12 AM	ORIGINATING FACILITY 977		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES NKA			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 98.2		ORAL RECTAL	RESP. A-D	PULSE 92	B/P 130/92	RECHECK IF SYSTOLIC <100 > 50
NATURE OF INJURY OR ILLNESS S. 2 Hurt my Arm.			ABRASION # CONTUSION # BURN ^{XX} / _{XX} FRACTURE ^Z / _Z LACERATION / SUTURES			
PHYSICAL EXAMINATION Superficial laceration to elbow. A dther bruise on abdomen noted. 02 Sat 97 A. Altered in skin integrity P. HCP Review						
			PROFILE RIGHT OR LEFT RIGHT OR LEFT			
			ORDERS / MEDICATIONS / IV FLUIDS Clean up to US Apply to AD to area Bandage applied.			
			TIME BY			
DIAGNOSIS						
INSTRUCTIONS TO PATIENT Don't forget Sick Call for any problems.						
DISCHARGE DATE 08/15/04		TIME 11:12 AM	RELEASE / TRANSFERRED TO DOC		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE McLan		DATE 08/15/04	PHYSICIAN'S SIGNATURE		CONSULTATION	
INMATE NAME (LAST, FIRST, MIDDLE)			DOC#	DOB	R/S	FAC.